**Lakelands Public Health**
Environmental Health Department
185 King St.
Peterborough, ON
K9J 3V6
Telephone: 1-844-575-4567| Fax: 905-885-1947
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# SPECIAL EVENTS NOTIFICATION FORM

## ORGANIZER APPLICATION

**O. Reg. 493/17: FOOD PREMISES under Health Protection and Promotion Act, R.S.O. 1990, c. H7.** A person who gives notice of an intention to commence to operate a food premise to the medical officer of health under subsection 16 (2) of the Act shall include his or her name, contact information and the location of the food premise in the notice.

**APPLICATION TO BE PROVIDED TO THE HEALTH UNIT A MINIMUM OF *14 DAYS* PRIOR TO THE PROPOSED EVENT**

| **THIS NOTIFICATION FORM IS TO NOTIFY LAKELANDS PUBLIC HEALTH OF:** |
|---|
| ☐ Special Event |
| ☐ Other (*please specify*): |

| **SPECIAL EVENT INFORMATION:** | | |
|---|---|---|
| Event Name: | | |
| Event Date(s): | | |
| Hours of Operation: | | |
| Event Location: (Full address, including street number and name, town/city and postal code.) | Location:_____<br>Street # & Name:_____<br>City/ Town:_____<br>Postal Code:_____ | |
| Anticipated Attendance: | | |
| Event Layout: | ☐ Attached | ☐ Not attached |
| Water Supply: (if applicable, select all that apply) | ☐ Private (ie. Well, Cistern, etc.) ☐ Treated ☐ Untreated<br>☐ Municipal<br>☐ Connections Available for Vendors ☐ Food Grade Hose Available<br>☐ Backflow Prevention in Place<br>☐ Not Applicable | |
| Sewage/ Grey Water Disposal: | ☐ Private ☐ Onsite Sewage System ☐ Holding Tank ☐ Other:<br>☐ Municipal<br>☐ Coordinator to collect/provide vendor grey water disposal site<br>☐ Vendors responsible for removal of own greywater<br>☐ Not Applicable | |
| Electrical Hook-ups | ☐ Connections Available for Vendors<br>☐ Not Applicable | |
| Garbage Disposal: | ☐ Municipal ☐ Private | Removal Frequency: _____ |
| Public Washrooms Available: | ☐ Yes ☐ No Please specify type of washroom: (i.e. portable/ fixed) _____<br># of Washrooms: _____ # of Handwashing Facilities & Location(s): _____ | |
| Animal Exhibits: (Petting zoo, pony rides, poultry etc.) | ☐ Yes ☐ No<br>If yes, please specify type of exhibit: _____<br>Name of Operator:_____ Phone Number:_____ Email:_____<br># of hand hygiene stations available at exhibit and locations: _____ | |

| | |
|---|---|
| | Rabies Vaccination Certificate(s) Attached: ☐ Yes ☐ No<br>*See regulation below for animals that require rabies vaccination*<br>R.R.O. 1990, Reg. 557 COMMUNICABLE DISEASES - GENERAL \| ontario.ca |

| **APPLICANT INFORMATION:** | | | |
|---|---|---|---|
| Name: | | | |
| Address: | | | |
| Phone Number: | | Email: | |

| **LIST OF VENDORS ATTENDING THE EVENT:** | | |
|---|---|---|
| *Name of Vendor:* | *Contact Name:* | *Contact Phone/ Email:* |
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* ***Please contact the health unit to discuss the legal requirements, review plans and/or conduct a pre-operational assessment prior to the proposed event.***

**SIGNATURE: _____ DATE:_____**

*Any personal and personal health information that you may provide on this form is collected under the authority of relevant legislation including: the Health Protection and Promotion Act, as amended, the Regulated Health Professions Act, the Immunization of School Pupils Act, and the Personal Health Information Protection Act. This information will be used for assessment, management, treatment, and reporting purposes. Your information may be shared within the Health Unit as required by legislation. For information about the collection, use and disclosure of your information, please refer to the Health Unit website at www.lakelandsph.caca or contact the Medical Officer of Health, 185 King St. Peterborough, ON K9J 2R8 or 1-844-575-4567.*

***Event Organizers must work with the appropriate City or Municipal staff in addition to Lakelands Public Health. Proactive consultation with other community partners, including police, fire services, and emergency medical service providers, is strongly advised (and may be required).***

**Legislation that may apply to your premise may include:**

Health Protection and Promotion Act, R.S.O. 1990, c. H.7 (ontario.ca)

O. Reg. 493/17: FOOD PREMISES (ontario.ca)

O. Reg. 319/08: SMALL DRINKING WATER SYSTEMS (ontario.ca)

Smoke-Free Ontario Act, 2017, S.O. 2017, c. 26, Sched. 3

Alcohol and Gaming Commission of Ontario | (agco.ca)

**Useful Resources:**

Food Premises Reference Document, 2019 (gov.on.ca)

Operational Approaches for Food Safety Guideline, 2019 (gov.on.ca)

Food Safety Matters – Farmers' Markets Ontario (farmersmarketsontario.com)

Special Events Permit | Lakelands Public Health